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| FORM PTO-1390U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE<br>(REV 5-93)<br><b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>         DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>         CONCERNING A FILING UNDER 35 U.S.C. 371</b>  |   | ATTORNEY'S DOCKET NUMBER<br>9052-67<br>U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)<br><b>09/700057</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/GB99/01306  | INTERNATIONAL FILING DATE<br>May 13, 1999 | PRIORITY DATE CLAIMED<br>May 13, 1998   |
| TITLE OF INVENTION<br><i>DEXTRIN-CONTAINING COMPOSITION FOR PREVENTING SURGICAL ADHESIONS</i>  |   |   |
| APPLICANT(S) FOR DO/EO/US<br>Colin BROWN   |   |   |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |   |   |
| <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(I).</li> <li>4. <input checked="" type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))               <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau).</li> <li>b. <input type="checkbox"/> has been transmitted by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)).</li> <li>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))               <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau).</li> <li>b. <input type="checkbox"/> have been transmitted by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li>10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> |   |   |
| <b>Items 11. to 16. below concern other document(s) or information included:</b>   |   |   |
| <ol style="list-style-type: none"> <li>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98.</li> <li>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input checked="" type="checkbox"/> A FIRST preliminary amendment.<br/> <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment.</li> <li>14. <input type="checkbox"/> A substitute specification.</li> <li>15. <input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li>16. <input checked="" type="checkbox"/> Other items or information: International Preliminary Examination Report; International Search Report; PCT Request</li> </ol>  |   |   |

| U.S. APPLICATION NO. <b>09/700057</b>  |              | INTERNATIONAL APPLICATION NO. <b>PCT/GB99/01306</b> |            | USPTO'S DOCKET NUMBER<br><b>9052-67</b> |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
|--|--------------|---|------------|---|---------------------|--------------|------|--|--|--------------|---------|----|-----------|------------------|--|--------------------|-------|---|-----------|-----------|--|---|--|--|------------|-----------|--|--------------------------------------|--|--|--|-------------------|--|--|--|--|--|-----------|--|-------------------|--|--|--|-------------------|--|--|--|--|--|-----------|--|-----------------------------|--|--|--|-------------------|--|--|--|--|--|-----------|--|------------------------------|--|--|--|-------------------|--|--|--|--|--|-----------------------|-----------|---------|-----------|---|--|
| 17. [X] The following fees are submitted:<br><b>Basic National Fee (37 CFR 1.492(a)(1)-(5)):</b><br>Search Report has been prepared by the EPO or JPO . . . . . \$860.00<br><br>International preliminary examination fee paid to USPTO<br>(37 CFR 1.482). . . . . \$690.00<br><br>No international preliminary examination fee paid to USPTO<br>(37 CFR 1.482) but international search fee paid to USPTO<br>(37 CFR 1.445(a)(2)) . . . . . \$710.00<br><br>Neither international preliminary examination fee (37 CFR 1.482)<br>nor international search fee (37 CFR 1.445(a)(2)) paid to<br>USPTO. . . . . \$1,000.00<br><br>International preliminary examination fee paid to USPTO<br>(37 CFR 1.482) and all claims satisfied provisions of PCT<br>Article 33(1)-(4). . . . . \$100.00<br><br><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>  |              |   |            | <b>CALCULATIONS</b>                     | <b>PTO USE ONLY</b> |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
|  |              |   |            | <b>\$ 860.00</b>                        |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
|  |              |   |            | <b>\$</b>                               |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
|  |              |   |            | <b>\$</b>                               |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
|  |              |   |            | <b>\$</b>                               |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Claims</th> <th style="width:15%;">Number Filed</th> <th style="width:15%;">Number Extra</th> <th style="width:15%;">Rate</th> <th style="width:20%;"></th> <th style="width:25%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>39-20 =</td> <td>19</td> <td>X \$18.00</td> <td><b>\$ 342.00</b></td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>3-3 =</td> <td>0</td> <td>X \$80.00</td> <td><b>\$</b></td> <td></td> </tr> <tr> <td colspan="3">Multiple dependent claim(s) (if applicable)</td> <td>+ \$270.00</td> <td><b>\$</b></td> <td></td> </tr> <tr> <td colspan="4"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td><b>\$1,202.00</b></td> <td></td> </tr> <tr> <td colspan="4">Reduction by 1/2 for filing by small entity, if applicable. Verified Small Entity statement must also be filed. (Note 37 CFR 1.9, 1.27, 1.28).</td> <td><b>\$</b></td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL =</b></td> <td><b>\$1,202.00</b></td> <td></td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 for furnishing the English translation later than [ ] 20 [ ] 30 months from the earliest claimed priority date (37 CFR 1.492(f)).</td> <td><b>\$</b></td> <td></td> </tr> <tr> <td colspan="4"><b>TOTAL NATIONAL FEE =</b></td> <td><b>\$1,202.00</b></td> <td></td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +</td> <td><b>\$</b></td> <td></td> </tr> <tr> <td colspan="4"><b>TOTAL FEES ENCLOSED =</b></td> <td><b>\$1,202.00</b></td> <td></td> </tr> <tr> <td colspan="4" rowspan="2"></td> <td style="text-align: right;">Amount to be refunded</td> <td style="text-align: center;"><b>\$</b></td> </tr> <tr> <td style="text-align: right;">charged</td> <td style="text-align: center;"><b>\$</b></td> </tr> </tbody> </table> |              |   |            | Claims                                  | Number Filed        | Number Extra | Rate |  |  | Total Claims | 39-20 = | 19 | X \$18.00 | <b>\$ 342.00</b> |  | Independent Claims | 3-3 = | 0 | X \$80.00 | <b>\$</b> |  | Multiple dependent claim(s) (if applicable) |  |  | + \$270.00 | <b>\$</b> |  | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | <b>\$1,202.00</b> |  | Reduction by 1/2 for filing by small entity, if applicable. Verified Small Entity statement must also be filed. (Note 37 CFR 1.9, 1.27, 1.28). |  |  |  | <b>\$</b> |  | <b>SUBTOTAL =</b> |  |  |  | <b>\$1,202.00</b> |  | Processing fee of \$130.00 for furnishing the English translation later than [ ] 20 [ ] 30 months from the earliest claimed priority date (37 CFR 1.492(f)). |  |  |  | <b>\$</b> |  | <b>TOTAL NATIONAL FEE =</b> |  |  |  | <b>\$1,202.00</b> |  | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + |  |  |  | <b>\$</b> |  | <b>TOTAL FEES ENCLOSED =</b> |  |  |  | <b>\$1,202.00</b> |  |  |  |  |  | Amount to be refunded | <b>\$</b> | charged | <b>\$</b> | a. [X] A check in the amount of <b>\$1,202.00</b> to cover the above fees is enclosed.<br><br>b. [ ] Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.<br><br>c. [X] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0220. |  |
| Claims   | Number Filed | Number Extra  | Rate       |   |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
| Total Claims   | 39-20 =      | 19  | X \$18.00  | <b>\$ 342.00</b>                        |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
| Independent Claims   | 3-3 =        | 0   | X \$80.00  | <b>\$</b>                               |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
| Multiple dependent claim(s) (if applicable)  |              |   | + \$270.00 | <b>\$</b>                               |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |              |   |            | <b>\$1,202.00</b>                       |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
| Reduction by 1/2 for filing by small entity, if applicable. Verified Small Entity statement must also be filed. (Note 37 CFR 1.9, 1.27, 1.28).   |              |   |            | <b>\$</b>                               |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
| <b>SUBTOTAL =</b>  |              |   |            | <b>\$1,202.00</b>                       |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
| Processing fee of \$130.00 for furnishing the English translation later than [ ] 20 [ ] 30 months from the earliest claimed priority date (37 CFR 1.492(f)).   |              |   |            | <b>\$</b>                               |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
| <b>TOTAL NATIONAL FEE =</b>  |              |   |            | <b>\$1,202.00</b>                       |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +   |              |   |            | <b>\$</b>                               |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
| <b>TOTAL FEES ENCLOSED =</b>   |              |   |            | <b>\$1,202.00</b>                       |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
|  |              |   |            | Amount to be refunded                   | <b>\$</b>           |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
|  |              |   |            | charged                                 | <b>\$</b>           |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b>   |              |   |            |   |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
| <b>SEND ALL CORRESPONDENCE TO:</b><br><br>Robert J. Smith, Esq.<br>Myers Bigel Sibley & Sajovec<br>Post Office Box 37428<br>Raleigh, North Carolina 27627  |              |   |            |   |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |
| <div style="border: 1px solid black; padding: 5px; width: fit-content;">         "Express Mail" mailing label number EL682671341US<br/>         Date of Deposit: November 10, 2000<br/><br/>         I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Box PCT, Commissioner for Patents, Washington, DC 20231.<br/><br/> <i>Marjorie J. Pfeiffer</i><br/>         Marjorie Pfeiffer<br/>         Date of Signature: November 10, 2000       </div> <div style="margin-top: 20px; text-align: right;"> <br/>         SIGNATURE<br/><br/>         Robert J. Smith<br/><br/>         40,820<br/>         REGISTRATION NUMBER       </div>   |              |   |            |   |                     |              |      |  |  |              |         |    |           |                  |  |                    |       |   |           |           |  |   |  |  |            |           |  |                                      |  |  |  |                   |  |  |  |  |  |           |  |                   |  |  |  |                   |  |  |  |  |  |           |  |                             |  |  |  |                   |  |  |  |  |  |           |  |                              |  |  |  |                   |  |  |  |  |  |                       |           |         |           |   |  |